

**Upper Perkiomen Valley
8v8 Tournament
July 25th – 27th, 2008
Tournament Application**

Team Information

Level of Play (Circle One) Male or Female Division A Division B Division C
Premier Teams must play up 1 age division

Age Division: (Circle One) U9 U10 U11 U12 U13 U14 U15 U17 U19

Team Name: _____ **Club Name:** _____

Coach: _____ **Phone:** _____

Address: _____ **City, State, Zip:** _____

Email Address: _____

League Affiliation: _____ **Fall 2007 League Record:** _____

Team Colors: Shirt: _____ **Alternate Shirt:** _____

Recent Tournament Results:

Tournament Name	Date	Record
1. _____		
2. _____		

I understand that if my team is not accepted, the entry fee will be returned. I further understand that once a team is accepted and later withdraws, the entry fee is forfeited. If the tournament is cancelled due to weather, tournament fee will be refunded less costs already incurred. My team is responsible for their own insurance. I hold valid medical release statements for all my players. Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYS/EPYSA Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the USSF/USYS/EPYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same.

Coach's Signature: _____ **Date:** _____

Roster Size: U9-U10 age brackets 14 per team U11-U19 age brackets 18 per team

Entry Fee: \$300 per team for all age brackets (checks payable to Valley Soccer Club)

Rules and tournament information will follow to all accepted teams and will also be available on the website at www.valleysc.org

Registration deadline: June 1st, 2008

Registration will not be accepted unless entry fee, application and official stamped team roster are completed and mailed to:

**Valley Soccer Club
ATTN: Lisa Burkhart
P.O. Box 258
Red Hill, PA 18076**